ABSTRACTS FROM CURRENT LITERATURE

Dermatitis produced by application of monobenzone in patients with active vitiligo, Nordlund JJ, Bernadette FRN, Kirkwood J et al : Arch Dermatol, 1985; 121 : 1141-1144.

Six patients with spreading vitiligo treated with applications of monobenzone developed a vesicular dermatitis. The eruption was restricted exclusively to the pigmented areas of the skin. Patch tests applied to pigmented and depigmented skin produced an inflammatory response only within the pigmented areas. The explanation for this puzzling phenomenon is not known.

N L Sharma

Wegener granulomatosis in paediatric patients, Hall SL, Miller LC, Duggan E et al : J Pediat, 1985; 106 : 739-744.

Wegener granulomatosis is more easily recognised as a distinct clinical entity than other vasculitides because the initial clinical features frequently include granulomatous vasculitis of the upper and lower respiratory tract and glomerulo-nephritis. Although the disease has been lethal in the past, prolonged survival and avoidance of end-stage kidney disease can now be expected when cyclophosphamide therapy is introduced early in the course. Four children are reported here with Wegener granulomatosis in whom the initial clinical findings suggested Henoch-Schonlein purpura. In two of the patients, Wegener granulomatosis was not recognised until after end-stage kidney disease had developed. The course of these patients emphasizes the need for attention to even scant evidence of inflammation of the upper or lower respiratory tract in patients with glomerulonephritis. Appropriate diagnostic studies may then lead to recognition of Wegener granulomatosis and the prompt institution of appropriate treatment.

N L Sharma

Urticarial vasculitis treated with colchicine, Wiles JC, Hanseb RC, Lynch PJ : Arch Dermatol, 1985; 121 : 802-805.

Cutaneous vasculitis may present as an urticaria-like eruption in association with viral illness, systemic lupus erythematosus, Sjogren's syndrome or serum sickness. Often, however, urticarial vasculitis presents as an immune-complex-mediated disease without other associated connective tissue disease or associated infection. Many forms of therapy have been tried, including antihistamines, prednisone and immunosuppressive drugs without success in every patient. Because colchicine had been effective in some patients with non-urticarial cutaneous vasculitis, we decided to use it in two patients with urticarial vasculitis in whom other therapy had failed. Both responded dramatically, although severe hypocomplementemia persisted in one patient.

N L Sharma

Immunohistologic studies in pityriasis rosea, Aiba S and Tagami H : Arch Dermatol, 1985; 121 : 761-765.

Biopsy specimens of the skin lesions of pityriasis rosea obtained from 15 patients were studied. Characteristic histopathologic changes were composed of focal intercellular edema, epidermotropism of mononuclear cells often associated with the formation of focal intraepidermal collections of mononuclear cells, and of a perivascular lymphohistiocytic cell infil-

tration in the superficial dermis. Immunologic analysis using monoclonal antibodies showed that large number of lymphoid cells in the perivascular infiltrate reacted with anti-pan-T-cell, anti-helper-inducer subset and anti-HLA-DR monoclonal antibodies, while the epidermotropic mononuclear cells consisted of helper-inducer cells or suppressor-cytotoxic cells without any predominance pattern. In addition to epidermal Langerhan's cells, some of the dermal infiltrating cells were reactive with monoclonal antibody OKT6. Moreover, there was localised expression of HLA-DR antigen on the keratinocytes. The authors think that cellular immune reactions are taking place in the lesional epidermis of pityriasis rosea.

N L Sharma

Computed tomographic demonstration of brain changes in incontinentia pigmenti, Avrahami E, Harel S, Jurgenson U et al : Amer J Dis Child, 1985; 139 : 372-374.

Two female patients having incontinentia pigmenti with central nervous system abnormalities were subjected to computed tomographic examination. The first patient, at 2 weeks of age showed large low-density areas in the right frontal and parietal regions. The pons and cerebellum were atrophic. A follow-up CT scan at the age of 2 years showed microcephaly, diffuse brain atrophy and enlarged lateral ventricles. The second patient, an 11-year-old girl with microcephaly and mild left spastic hemiparesis and cerebellar ataxia, also showed diffuse brain atrophy, enlarged lateral ventricles and a thickened skull on CT scan.

K Seetharam

Characterization of T cell subsets in patients with atopic dermatitis using OKT monoclonal antibodies, Miadonna A, Tedeschi A, Leggieri E et al : Ann Allergy, 1985; 54 : 321-324.

Nineteen children with atopic dermatitis and 13 healthy children taken as controls were evaluated for total serum IgE levels by means of paper radio-immuno-sorbent test, specific IgE levels by radio-allergo-sorbent test, and T cell subsets by means of OKT monoclonal antibodies. Total IgE levels were increased in all atopic children, and specific IgE levels were increased in 17 of 19 atopic children. There was no significant difference in the absolute lymphocyte count between the two groups. The atopic children had significantly lower circulating OKT4 cells than controls. The OKT8 lymphocytes were also decreased compared to the controls but the difference was not significant. Three children with severe atopic dermatitis involving more than 60% of the body surface, showed an increased OKT4/OKT8 ratio. No imbalance of OKT4/OKT8 ratio was found in the other 16 atopic children. There was no difference in OKT11 lymphocytes between the patients and controls.

K Seetharam

Cutaneous chromomycosis in renal transplant recipients, successful management of two cases, Wackym PA, Gray GF Jr, Richie RE et al : Arch Int Med, 1985; 145 : 1036-1037.

For the first time, the occurrence of cutaneous chromomycosis in 2 patients who received renal transplants for chronic renal failure has been reported. A 33-year-old woman developed several, small indolent, purple nodules over her right calf, 2 years after receiving renal transplant. Biopsy of the nodule revealed pigmented yeast forms. *Fonsecaea pedrosi* was cultured from the lesion. The lesions regressed initially with a continuous daily dose of 200 mg ketoconazole but recurred after one year despite her continuation of therapy. Excision of the nodules along with ketoconazole led to a complete cure. The second patient was a 9-year-old girl who developed a 2 cm verrucous lesion over the left thigh from where a wood splinter had been removed several years previously. Excision biopsy of the lesion revealed chromomycosis.

She had no evidence of recurrence till 2 years later. The authors suggested that aggressive systemic antifungal therapy might not be necessary for cutaneous chromomycosis even in organ transplant recipients.

K Seetharam

High dose methyl prednisolone in the treatment of bullous pemphigoid, Siegel J and Eaglstein WH : Arch Dermatol, 1984; 120 : 1157-1165.

Corticosteroids have been the mainstay of treatment for bullous pemphigoid. Immunosuppressive drugs such as azathioprine, cyclophosphamide and methotrexate have been used as corticosteroid-sparing agents. In the present study, the authors treated eight active bullous pemphigoid patients with high dose intravenous methyl prednisolone pulse therapy. In the majority, 15 mg/kg of methyl prednisolone was given as an I/V infusion over 30-60 minutes on 3 consecutive days, followed by a maintenance dose of 0.4 mg/kg/day. Blistering decreased within 24 hours of the first pulse dose in seven of the eight patients. Where blistering recurred, it was less severe than that before pulse therapy. Pruritus decreased markedly in six patients even before the completion of pulse therapy. The relief of pruritus occurred wihin 24 hours in 4 patients. The results of pulse therapy compared with the conventional therapy given to other patients in the past, showed that pulse therapy minimized the hospital stay, and that the relief in symptoms was quicker. The authors conclude that pulse therapy should be reserved for selected cases who have generalized disease and the patients should be properly monitored during therapy. Less active disease should be treated on conventional lines.

A K Bajaj

Allergic contact dermatitis from anaerobic acrylic sealants, Mathias CGT and Maibach HI : Arch Dermatol, 1984; 120 : 1202-1205.

Anaerobic sealants are liquid adhesives that harden between metal parts in the absence of air. When the surfaces are close together so that the air contact is excluded, polymerization occurs. The principal industrial uses for anaerobic sealants include thread locking of screw units and other threaded assembled parts, retention and locking of bearings, gears or other cylindrical parts, and the sealing of hydraulic or pneumatic fittings. A number of acrylic resins have been commercially adapted to serve these functions. Electrical assembly is a principal market for the application of anaerobic sealants. In this report, the authors describe three patients who used an anaerobic sealant in electric assembly work, and developed chronic eczema of the fingers and finger tips and onycholysis (in one case). Patch testing confirmed contact allergy to polyethylene glycol (PEG) dimethacrylate. No cross reactions to methyl methacrylate were observed on patch testing. The dermatitis and onycholysis resolved when direct skin contact with the sealant containing this acrylic resin was eliminated. Subsequent guinea pig maximization testing with PEG dimethacrylate demonstrated this resin to be a moderate skin sensitizer.

A K Bajaj

Hemophilus ducreyi **infection resembling granuloma inguinale, Verdich J : Acta Dermato-Venereol, 1984; 64 : 452-455.**

A 21-year-old male had developed painless penile ulcers and no lymphadenopathy for the last three weeks. Culture of *Hemophilus ducreyi* organism permitted a definitive diagnosis to be made. Combined treatment with tetracycline 500 mg orally four times a day for three weeks and sulphamethizole/trimethoprim 400 mg/80 mg, four times a day for two weeks cleared the infection.

Omar Jabr

***Treponema pallidum* specific IgM haemagglutination test for serodiagnosis of syphilis, Sato T, Kubo E, Yokota M et al : Brit J Vener Dis, 1984; 60 : 364-370.**

In the *Treponema pallidum* specific IgM haemagglutination (TP-IgM-HA) test, sheep erythrocytes sensitised with antiserum to human IgM were used to separate IgM from IgG in the test serum. Specific antitreponemal IgM present in the fraction was detected by adding sheep erythrocytes sensitised with *T. pallidum* antigen. The test is rapid and results can be made available after 2 hours. Five out of 1872 serum samples of patients who did not have syphilis gave a false positive reaction yielding a specificity of 99.7%. Two out of 82 samples of patients with untreated primary and secondary syphilis gave a false negative reaction yielding a sensitivity of 97.6%. In 2 patients with primary syphilis treated with penicillin, the test revealed a decreasing titre falling to zero in 4-5 months. The results of the test correlated well with the results of the 19S (IgM) *T. pallidum* haemagglutination test, IgM fluorescent treponemal antibody absorption test and the *T. pallidum* IgM enzyme linked immunosorbent assay. It is stated that the TP-IgM-HA test which can detect treponemal IgM in a short time, is an effective tool in obtaining information on the necessity for and the monitoring of the treatment of syphilis.

M Ramam

Is one swab enough to detect chlamydial infection of the cervix?, Munday PE, Carder JM, Hanna NF et al : Brit J Vener Dis, 1984; 60 : 384-386.

Three sequential swabs were taken from the cervix of 104 women who were sexual partners of men with gonorrhoea or non-gonococcal urethritis. *Chlamydia trachomatis* was isolated in a tissue culture of Mc Coy cells treated with cyclohexemide. In 99 (95%) of the 104 women, there was no difference in the chlamydia isolation rate with the first, second and the third specimens. Only two more patients were recorded as chlamydia positive as a result of taking the second and the third specimens. There was also no significant difference in the number of chlamydia inclusions produced by the three specimens. It was concluded that a single specimen is adequate to diagnose chlamydial infection of the crevix if the isolation technique used is sensitive. However, since false negatives do occur, the test should be repeated if clinical suspicion of chlamydial infection persists in spite of a negative result of chlamydial isolation.

M Ramam

Erythromycin stearate in treating chlamydial infection of the cervix, Hunter JM and Sommerville RG : Brit J Vener Dis, 1984; 60 : 387-389.

A total of 157 women from whom *Chlamydia trachomatis* was isolated and who had no concurrent infection requiring antimicrobial therapy, were included in a randomised, single-blind study to compare the efficacy of a 7-day course with a 14-day course of 500 mg erythromycin stearate given twice a day. Cervical specimens for the isolation of *C. trachomatis* were taken at follow up visits at the third, seventh and twelveth week after the start of treatment. There was no significant difference in the number of women in whom *C. trachomatis* had been eradicated from the cervix with the two regimes, the cure rate being 94% with the 7-day regime and 82% with the 14-day regime. There was also no significant difference between the two regimes in the rate of developing latent infection after treatment. The authors conclude that a 7-day course of erythromycin stearate 500 mg twice daily is as effective for treating chlamydial infection of the cervix as a 14-day course.

M Ramam

Histological, immunofluorescent, and ultrastructural features of lymphogranuloma venereum : A case report, Alacoque B, Cloppet H, Dumontel C et al : Brit J Vener Dis, 1984; 60 : 390-395.

A 22-year-old Italian woman developed 3-4 painful, purulent, punctiform papules on an edematous and erythematous labium majus in the second month of her first pregnancy in April, 1978. The baby was delivered by caesarian section as lesions had spread to the vulvo-perineal area. After delivery, the lesions became hypertrophic and condylomatous and spread to the perineo-anal region. She had dysparunia but no other local or systemic symptoms. Different medical treatments were ineffective. The patient was seen by the authors in May 1980. She had vulvo-perineal esthiomene. There were large condylomatous lesions, erythematous papules and lymphangiectatic vesicles. There were no other abnormalities on general and proctological examination. Complement fixation tests and microimmunofluorescence tests for lymphogranuloma venereum (LGV) were negative. Urethral cultures failed to yield *Chlamydiae*. Biopsy specimens were not cultured. All other bacteriological, parasitological and virological cultures and serological tests were negative. Histopathological sections revealed polymorphous inflammatory granulomas throughout the dermis. Granulations were found within the macrophages on May-Grunwald-Giemsa staining. Direct immunofluorescent antibody studies and immunoperoxidase studies suggested the granulations to be *Chlamydiae*. On electron-microscopy however, the intracytoplasmic inclusions were atypical and did not conform to the classic ultrastructural features of *Chlamydiae* in culture. The authors suggest that this may be due to modification of the morphology by the granulomatous reaction in vivo and/or antibiotic therapy. The authors state that if their observations are confirmed, the immunocytological study of biopsy specimens with well characterised antichlamydial antibodies would make the diagnosis of LGV more reliable and standardised.

M Ramam

Susceptibility to antimicrobials of *Neisseria gonorrhoeae* isolated in Singapore : implications on the need for more effective treatment regimens and control strategies, Sng EH, Lim AL and Yeo KL : Brit J Vener Dis, 1984; 60 : 374-379.

Data on the antimicrobial susceptibility of *Neisseria gonorrhoeae* isolated in Singapore was studied between 1977 and 1983. Similar data from 24 other countries was also studied. There was a wide variation in the susceptibility to penicillin of the non-penicillinase producing *Neisseria gonorrhoeae* (non-PPNG) strains from region to region with countries in South East Asia having the highest percentage of non-PPNG strains with reduced susceptibility. In addition, gonococci isolated in this region were also relatively resistant to several other common antibiotics. There was an improvement in the susceptibility of non-PPNG strains to antibiotics after the initiation of a control programme in 1976-77. However, penicillinase producing *Neisseria gonorrhoeae* (PPNG) strains were increasingly isolated after the control programme was started because the antibiotic selective pressures favoured an increase in the PPNG strains at the expense of non-PPNG strains. With the increase in air travel and the global spread of PPNG strains and relatively resistant non-PPNG strains, there is a pressing need for alternative antibiotics that are both effective and inexpensive.

M Ramam

First lesion in experimental armadillo leprosy, Job CK, Sanchez RM, McCornick GT et al : Ind J Leprosy, 1985; 57 : 71-77.

Eighteen armadillos were infected intravenously with 10^8 *Mycobacterium leprae*, and

ten armadillos intracutaneously with 10^7 *Mycobacterium leprae*. Among those which developed disseminated disease, a nodule at the site of inoculation was the first lesion noticed in 14 of the 15 infected intravenously and all the 4 infected intradermally. It is possible that even in humans, a localized proliferation of *Mycobacterium leprae* at the site of entry takes place before the disease gets disseminated and a nodular lesion at the site of inoculation especially in patients developing lepromatous leprosy may occur. Therefore, in addition to hypopigmented patches and thickened nerves, careful examination of the skin and a thorough search of the nasal mucosa for some asymptomatic swelling or a nodular keloid-like lesion may be important to detect early lepromatous leprosy.

Dileep K Jayant

Evaluation of effectiveness of clofazimine therapy : Monitoring of absorption of clofazimine from gastro-intestinal tract, Mathur A, Venkatesan K, Bhardwaj VP et al : Ind J Leprosy, 1985; 57 : 146-148.

Percent absorption of clofazimine was determined in 4 groups of lepromatous leprosy patients at single doses of 600 mg, 400 mg, 300 mg and 100 mg which were administered on an empty stomach, by determining the total faecal excretion of clofazimine over a period of 72 hours. It was found to be $42.6 \pm 4.1\%$ with 600 mg, $44.3 \pm 9.5\%$ with 400 mg, $48.7 \pm 5\%$ with 300 mg and $62.5 \pm 17.0\%$ with 100 mg of clofazimine. In view of $42.6 \pm 4.1\%$ absorption at one 600 mg dose, it is likely that a dose of 600 mg once a month or two consecutive days as suggested by WHO may not exert measurable bactericidal effects, and the tissue concentration may not be therapeutically effective and may lead to clofazimine resistance.

Dileep K Jayant

Neuropathic plantar ulceration, Kumar K, Kant M and Belsare RK : Ind J Leprosy, 1985; 57 : 172-177.

One hundred and eleven plantar ulcers in 100 patients having leprosy were treated with various methods such a plaster cast alone and in combination with curettage, posterior tibial neuro-vascular decompression and metatarsectomy. With plaster cast treatment alone, 69.6% of superficial ulcers showed good results. With curettage, 90% of superficial and 35% of deep ulcers showed good results. With posterior tibial neuro-vascular decompression, 75% of superficial ulcers and 61% of deep ulcers showed good results. With metatarsectomy, 92% of deep ulcers showed good results. With plaster cast treatment alone, healing took more than 6 weeks and when clubbed with surgical treatment, healing was not only ensured, but it occurred more rapidly.

Dileep K Jayant

Surveillance in leprosy, Jesudasan KL and Christian M : Ind J Leprosy, 1985; 57 : 132-137.

Surveillance of contacts, school children and general population formed an important part of leprosy control activities. General surveys covering the entire population were done once every 3-5 years while school surveys were done every year. The collected data showed that 40-70% of early cases of paucibacillary leprosy healed within 2 years without any treatment. Repeated and frequent surveys of a population, probably result in detection of a larger number of early cases, a high proportion of which would have self-healed within 2 years, if not detected. Analysis of time trends in the incidence rates indicated that household contacts of paucibacillary cases had double the risk and household contacts of multibacillary cases had three times the risk of developing leprosy when compared with general population. It also indicated that the incidence rate among household contacts

remains high even 10 years after treatment was started in the primary case in an endemic area. Only 25% of incident cases detected over 10 or more years of follow up were from households with a multibacillary primary case. Based on these findings, it was suggested that examination of all the contacts of a detected case at the time of detection, general surveys including all contacts and school children every 3 years and health education to the masses may be adequate and more cost-effective in endemic areas, whereas contact surveys, surveys of high risk groups and contact tracing, may be relevant in low endemic areas.

Dileep K Jayant

Levamisole in the treatment of ENL in leprosy, Dharmendra : Ind J Leprosy, 1985; 57 : 1-10.

Clinical results with levamisole by different workers have been contradictory. Some workers have found it very effective, some others found it of no value and a few even harmful. Ramu and Sengupta (1983) showed beneficial effects of levamisole in some lepromatous leprosy patients with persistently positive skin smears for even upto 10 years or more. They showed bacteriological improvement in all the 14 cases and lepromin conversion in about half the cases. Lata Sharma et al (1985) have reported good results in lepromatous cases with or without type I and type II reactions. Levamisole was useful in bringing down both types of reactions in a period shorter than that required with clofazimine. When used in ENL reaction, the dose of thalidomide was smaller in combination than when thalidomide was used alone. Arora et al (1985) found statistically significant changes in lepromin reaction in 11 BB leprosy cases treated with levamisole 100 mg/day on 3 consecutive days every fortnight along with DDS. They found no beneficial effect of levamisole in lepromatous cases with ENL reaction. Yagnik et al (1983) reported that reactions were more common and more severe with levamisole.

In vitro studies showed that the normally low interaction between macrophages and lymphocytes in response to *Mycobacterium leprae* in lepromatous leprosy patients was enhanced in the presence of levamisole.

Gangully et al (1985) in a study on mice showed a significant improvement in T cell count and blast transformation in the infected and levamisole treated mice, while there was a significant increase in B cell counts in levamisole treated normal subjects but the T cell count and blast transformation were unaffected.

The contradictory clinical results reported by various workers cannot be explained easily. It is not possible that some workers worked entirely with sensitive, and some other workers worked entirely with resistant cases. Much further work is needed for recommending its use for the treatment of leporsy.

Dileep K Jayant

Hepatitis and multidrug therapy in leprosy with special reference to prothionamide, Kar HK, Balakrishnan S, Vasentha Kumar G et al : Ind J Leprosy, 1985; 57 : 78-89.

Hepatotoxicity in two drug regimens was studied at the Central Leprosy Teaching and Research Institute, Chengalpattu (Tamil Nadu) during 1983-84. In the 'P' regimen, prothionamide 350 mg daily, dapsone 100 mg daily and rifampicin 600 mg at monthly intervals were given. In the 'C' regimen, dapsone 100 mg daily, rifampicin 600 mg once a month and clofazimine 300 mg once a month and 100 mg alternate days were given. Fifty multibacillary adult leprosy patients were treated with each regimen. Enzymatic hepatic dysfunction was detected in 52-58% of cases even before the treatment was started. With 'P' regimen, 4 and 6 patients developed clinical and sub-clinical

jaundice respectively in contrast to 2 cases each of clinical and sub-clinical jaundice with 'C' regimen. Of the two cases of clinical jaundice in 'C' regimen, one turned out to be a case of hepatitis B viral infection. The first jaundice cases in the 'P' and 'C' regimes were noticed after 75 days and 90 days of therapy with the mean duration of 208 and 180 days respectively. This study indicated higher hepatotoxicity in the 'P' regimen which is probably explained by the simultaneous use of two hepatotoxic drugs. Viral hepatitis is endemic in this area and might have aggravated the hepatotoxicity observed.

Dileep K Jayant

Essential fatty acids in the plasma phospholipids of patients with leprosy, Wright S : Brit J Dermatol, 1985; 112 : 673-677.

Plasma phospholipid essential fatty acids were investigated in 40 leprosy patients (19 paucibacillary, 21 multibacillary) and 40 controls. Both the patients and the controls were taking a similar diet which consisted of predominantly maize with milk and/or water. The lipid fractions were separated by thin layer chromatography and the phospholipid fraction by using boron trifluoride-methanol. Two groups of essential fatty acids, n-6 series derived from the dietary linoleic acid and n-3 series derived from alpha linolenic acid were measured. All the patients showed significantly lower levels of fatty acids, mainly n-6 series than controls. There were no significant differences in the paucibacillary and multibacillary patients. Linoleic acid levels were significantly lower and the level of its metabolites dihomo-gamma-linolenic acid and arachidonic acid were higher in 13 patients who received treatment for less than 6 months. The low levels of linoleic acid in leprosy patients was unlikely to be due to dietary deficiency as their diet was a good source of it. The significantly raised levels of linoleic acid metabolites in patients with a short duration of treatment suggests increased utilization of linoleic acid in active leprosy.

K Seetharam

Fixed drug erythema due to two unrelated drugs, Pandhi RK and Kumar AS : Aust J Dermatol, 1985; 26 : 88-89.

Fixed drug erythema due to two unrelated drugs is reported. The eruptions consisted of intense erythematous patches at different sites without resulting pigmentation. The causative drugs were tetracycline and chloramphenicol resulting in multiple erythematous eruptions at different sites, as proven by provocation tests. Neither did the ten earlier episodes nor the positive provocation tests resulted in residual pigmentation.

A S Kumar

Trouser dermatitis, Apted JH : Aust J Dermatol, 1985; 26 : 80.

Trouser dermatitis presenting as a generalised erythroderma is an uncommon event. A 59-year-old farmer was treated for erythroderma with oral steroids. Subsequently, recurrence started on thighs and legs when the patch tests were performed with insecticides, dyes and clothes. He had a strong reaction to corduroy trousers and further patch tests with dyes used in the trousers gave strong reactions to disperse red 1 and disperse yellow 3.

A S Kumar

Pemphigus foliaceus induced by rifampicin, Lee CW, Lim JH and Kang HJ : Brit J Dermatol, 1984; 111 : 619-622.

Certain drugs like D-penicillamine, practalol, pyritinol, gold sodium thiomalate, captopril and rifampicin can induce pemphigus. Rifampicin-induced pemphigus was first reported in 1976 by Gange et al. Here the authors report a case of pemphigus foliaceus in a 49-year-old man, who had been on rifampicin 600 mg daily for pulmonary tuberculosis since 8 months. He developed erythematous, eczematoid patches, mixed with flaccid bullae and crusted plaques with some erosions on the chest, abdomen, flanks, upper arm and thighs. Nikolsky sign was positive on the lesional skin. The diagnosis of pemphigus was confirmed by histopathology and by immunofluorescence technique, Five weeks after stopping rifampicin, skin lesions cleared. Drug induced pemphigus tends to be more benign but in a few it persists and requires treatment with corticosteroids and immunosuppressives. It is possible that rifampicin binds to the—SH groups of the epidermis in vivo and modifies the intercellular antigen, thus being able to produce the antibody especially in individuals who already have an underlying immunological susceptibility to it. The results of the indirect immunofluorescence studies showing that the patient's serum had more intense binding ability to his own skin may also support this hypothesis.

K Pavithran

Short-contact modification of the Ingram regime, Ryatt KS, Stathm BN and Rowell NR : Brit J Dermatol, 1984; 111 : 455-459.

Minutes (30 minutes) and short-contact (2 hours) therapy with dithranol in Lassar's paste were compared (using paired comparison method) with the Ingram regime in 21 and 12 patients respectively. The results clearly demonstrated the efficacy of both the minute and short-contact regimens in clearing psoriasis. However, the 2-hour regime was more effective than the minutes regime, and as good as the standard Ingram regime of 24-hour application. Application of dithranol paste for only 2 hour has the advantage of causing less staining than 24 hour standard Ingram regime and less irritation than the short-duration regimens using yellow soft paraffin/emulsifying ointment based preparations. Dithranol paste is easily removable with arachis oil. Concentrations of dithranol upto 0.5% in hard (stiffer) Lassar's paste for 1 to 2 hours can be recommended for home use with little reservation. Treatment with the short contact regime should reduce outpatient attendance and time off work, save valueable nursing time and allow a more normal social life.

K Pavithran

Clinical procedures for prenatal diagnosis of inherited skin disease : Amniocentesis, ultrasound, fetoscopy, fetal skin biopsy and blood sampling, chorionic villus sampling, Perry TB : Seminars in Dermatology, 1984; 3 : 155-166.

Amniocentesis is a relatively simple tool applicable for detection of not only the cytogenetic abnormalities, neural tube defects and enzyme activity disorders, but also dermatological conditions like xeroderma pigmentosum. Ultrasonography is a must before performing amniocentesis. At 15-16 weeks gestation, 15-25 ml of fluid is withdrawn using a spinal needle. It can be carried out as an OPD procedure and carries a low risk.

Fetoscopy, performed at 16-20 weeks enables a direct view of the foetus and also permits fetal skin biopsy and blood sampling. It has a high loss rate.

Chorionic villus sampling is useful in determining the sex and in enzymatic and metabolic studies. It consists of aspiration of the chorionic material into a syringe through a catheter 1.5 mm in diameter inserted into the placenta under ultrasound guidance.

Vijay Battu

Acute myeloid leukaemia after treatment with razoxane, Caffrey EA, Daker MG and Horton JJ : Brit J Dermatol, 1985; 113 : 131-134.

An alarmingly high risk of developing myeloid leukaemia with razoxane prompted its manufacturers to contraindicate its use in non-malignant conditions. Fifteen deaths had been reported upto 1984. The investigators periodically studied marrow and peripheral smears, and performed counts on 11 patients after stopping razoxane therapy. Previously abnormal smears had returned to normal within 6 weeks. However, two patients developed acute myeloid leukemia after 6 and 12 months respectively, one of them later succumbed to the disease. Like the other 9 patients, they had had normal smears soon after stopping therapy. Razoxane also induces macrocytic anaemia. The authors reiterate careful follow up long after cessation of therapy.

Vijay Battu

Anaphylactoid reaction to corticosteroid : Case report and review of the literature, Peller JS, Bardana EJ : Ann Allergy, 1985; 54 : 302-305.

The authors' case was a 59-year-old female with chronic renal failure, who had sneezing, nasal congestion, rhinorrhoea, wheals, itching and swelling of the tongue seconds after intravenous hydrocortisone. Intradermal testing was negative. This was considered a pseudo-allergic or anaphylactoid reaction.

The 35 previous case reports of allergic reactions to hydrocortisone are all considered by the authors to be pseudo-allergic. While incriminating a particular substance, its precursors or metabolites, or a companion compound, or excipients like parabens and metabisulphites ought to be kept in mind. Besides hydrocortisone, previous reports have also incriminated dexamethasone, betamethasone and prednisone in allergic reactions.

The authors' assertion that the 35 earlier reports were in fact pseudo-allergic is based on the criteria laid down by Van Arsdel. These factors differentiating drug allergy from pseudo-allergic reactions include, (1) no reaction to earlier treatment, (2) usually appearing after several days of treatment, (3) reaction risk at sub-therapeutic range, (4) clinical manifestations different from pharmacologic effect, (5) animal testing totally unpredictable, (6) reaction occurs in a small proportion of population, (7) clinical syndrome generally accepted as allergic in nature, (8) eosinophilia in blood or tissue, (9) antibodies or T-lymphocytes reacting specifically with the drug (or metabolite), and (10) same reaction on challenge.

Vijay Battu

Profound circulatory collapse due to azathioprine, Major GAC and Moore PG, J Roy Soc Med, 1985; 78 : 1052-1053.

A 45-year-old woman with a 20-year history of rheumatoid arthritis (RA) unresponsive to milder agents, developed fever, malaise, epigastric pain and vomiting six days after commencing treatment with 100 mg azathioprine per day. She was found to be mildly hypotensive and jaundiced. She recovered within four days after stopping the drugs and treatment with intravenous fluids. Two weeks later when she had a recrudescence of RA, she was restarted

on Indomethacin and then aspirin without any adverse effect. Seven days later, she was given 50 mg azathioprine as a test dose, and 12 hours later she developed fever and blood pressure fell down to 90/50 mm Hg which was later unrecordable. She became severely oliguric, and serum creatinine rose to 0.30 mmol/1. With intensive care, she recovered in 5 days. Serum bilirubin and glutamic oxaloacetic acid transaminase were elevated and there was a diffuse erythematous rash for 24 hours. Serum amylase rose to a peak on the 8th day and returned to normal 10 days later. Thus the patient after rechallenge with the suspected drug, azathioprine developed a profound circulatory collapse, jaundice, acute renal failure and later pancreatitis.

A S Kumar

Erythema ab igne in cancer patients, Asby M : J Roy Soc Med, 1985; 78 : 925-927.

Five cancer patients were observed to have the macular reticulated discolouration of erythema ab igne due to local heating with hot water bottles for painful underlying lesions. In four cases, the pain was produced by metastases and in one by the primary tumour. The erythema ab igne may be seen over the lesion or in an area of pain referral. Though it is only a sign of the chronic thermal damage to the skin, it can be a useful localizing sign in some patients.

A S Kumar